



Kings County Human Services Agency

Peggy Montgomery, Director

*Employment Services
Benefit Services
Child Protective Services
Adult Services
Day Care/Foster Home Services*

October 1, 2009

Cheron Laboissonniere, Program Consultant
Children and Family Services
Outcomes and Accountability Bureau
California Department of Social Services
744 P Street, MS 3-90
Sacramento, CA 95814

Subject: Kings County's System Improvement Plan Update 2009

I am enclosing the updated SIP that we collaborated on this past month. Your time and assistance getting the document finalized was much appreciated. I am also enclosing the CWSOIP accountability letter from the Director.

If you need anything further, please do not hesitate to contact me at (559) 582-3211 x2329 or tina.garcia@co.kings.ca.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Tina Garcia", is written over a horizontal line.

Tina Garcia, M.S.W.
Program Manager, Social Services
Kings County Human Services Agency

RECEIVED OCT 06 2009

1400 West Lacey Blvd., Kings County Government Center, Hanford, California 93230

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Kings County Human Services Agency

Peggy Montgomery, Director

*Employment Services
Benefit Services
Child Protective Services
Adult Services
Foster Home Services
Family Preservation Services*

September 30, 2009

Cheron Laboissonniere, Program Consultant
Children and Families Services
Outcomes and Accountability Bureau
CDSS
744 P St, MS 3-90
Sacramento, CA 95814

Subject: Kings County's Child Welfare Services (CWS) Outcome Improvement Project (CWSOIP) Grant

Dear Cheron Laboissonniere:

Kings County received \$60,554 during fiscal year 2008/2009, for CWSOIP activities. Funding is spread among CWS Contracts put in place to support the County CWS SIP goals, which have included for fiscal year 2008/2009, the following:

1. Champions Recovery Systems

Champions Recovery Systems is the only entity in Kings County that offers AOD prevention, intervention, and treatment services to minors. It also serves adults up to the age of 25 years and opened Hannah's House, a shelter for women and children ages 0-5, this past year. The County CWSOIP funding assists in supporting a County CAPCC Contract with Champions Recovery Systems for the provision of the *Celebrating Families* program for families either involved with CPS and Probation or at risk of involvement due to child abuse, delinquency, and substance abuse. The primary funding source for this Contract is CAPIT and CBCAP, which further evidences the County's continuing efforts to coordinate efforts, services, planning, and funding for the CWS SIP and CAPCC/FPSB Plan. This Contract assists in regard to the following SIP goals: No Recurrence of Maltreatment, Reentry After Reunification, and Multiple Foster Care Placements.

2. Kings View Counseling Services

CWS has a County Contract with Kings View Counseling Services for alcohol and drug treatment, which includes placement of a AOD Treatment Liaison in the CWS office. The liaison conducts substance abuse treatment assessments, refers to various treatment programs in the County and throughout the State, as necessary, performs

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crisis intervention services on site, personally assists minors and adults with accessing treatment, and provides training to CWS staff on substance abuse. This program was implemented last year and is continuing. It has been very successful in getting clients into treatment as soon as possible and following them to ensure consistency. This position has also been very successful in regard to enhancing the relationship CWS has with mental health. This Contract addresses the following SIP goals: Reentry After Reunification.

3. Kings View Counseling Services

CWS has a Contract with Kings View Counseling Services for the provision of a Supportive and Therapeutic Options Program (STOP). Due to the loss of AOD funding, supplements were needed to ensure clients received services via CWSOIP funding. The Kings County STOP is specifically designed to provide individual and group therapeutic services for those children and parents who fall in the "gap." This means that they don't meet medical necessity to be served by the mental health system, but had their children removed for issues that need to be addressed in counseling, don't have insurance coverage, and need the various services that Kings View offers such as dual diagnosis, AOD, non-offending sexual offender, sexual abuse, and general treatment. STOP services CPS and Probation clients. STOP also provides public transportation tickets to Probation for use with their clients, which was identified as a top need in that Department's first PQCR. This Contract helps support the following SIP goals: Reentry After Reunification and Multiple Foster Care Placements.

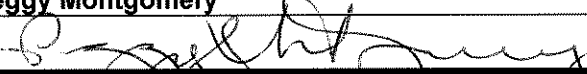

If you need additional information or have any questions, please feel free to contact me at (559) 582-3211, extension 2200, or by e-mail at peggy.montgomery@co.kings.ca.us

Sincerely,

A handwritten signature in black ink, appearing to read 'Peggy Montgomery', is written over a printed name and title.

Peggy Montgomery, Director
Kings County Human Services Agency

California's Child and Family Services Review Three Year System Improvement Plan Annual Update

County:	Kings
Responsible County Child Welfare Agency:	Kings County Human Services Agency
Period of Plan:	10/18/2008-10/18/2011
Period of Outcomes Data:	(1) Quarter ending July, 2009
Date Submitted:	(2) October 7, 2009
County Contact Person for County System Improvement Plan	
Name:	Tina Garcia, M.S.W.
Title:	Program Manager, CWS
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Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Peggy Montgomery
Signature:	
Submitted by:	Steve Brum, County Chief Probation Officer
Name:	
Signature:	
Name:	
Signature:	

Kings County's Three Year System Improvement Plan for Child Welfare Services
October 18, 2008 through October 18, 2011
Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

Outcome/Systemic Factor: No Recurrence of Maltreatment (S1.1)

County's Current Performance (July 2008 Report): 98%

Expectations for Meeting Federal Measure
National Standard = 94.6% or Higher

Improvement Goal 1.0: The no recurrence of maltreatment rate will be maintained at or above the national standard of 94.6%.

Strategy 1.1: The use of Structured Decision-Making (SDM) tools in the Emergency Response Unit of CPS will be consistent and in congruence with SDM Policies and Procedures.

Strategy Rationale¹: CPS began implementing SDM in September of 2004; web-SDM was implemented in January of 2006. Kings County has had two (2) quality assurance and technical assistance reviews by the Children's Research Center (CRC). Results of both reviews indicated staff needed to be more consistent completing the SDM instruments and to use the correct instruments at the applicable time periods during referral/case courses. The most recent review was completed in January of 2007. Results of this review are being used as the County's new "baseline" performance. Utilization of SDM tools assists in standardizing decision-making among staff when assessing risk and determining referral dispositions, which helps make the process more objective and consistent. All Managers, Supervisors and Social Workers were trained on the SDM Updated Manual and tools again in August of 2007. It is anticipated that continued emphasis on proper utilization of the tools and consistent incorporation of SDM tools in ER practice will assist in decreasing the amount of inappropriate substantiated dispositions. Further, improvement of SDM utilization will assist ER staff with substantiating referrals appropriately, as well as planning effective interventions with families.

2009 Strategy 1.1 Update: Since publication of the July 2008 Quarterly Report, Kings County's No Recurrence of Maltreatment Rate met the federal standard of 94.6% or higher 3 out of 4 times. In October of 2008 it was 96.4%, in January of 2009 it was at 92.5%, in April of 2009 it was at 96%, and July of 2009 it was at 98.2%. The 2008-2011 SIP Strategy 1.1 was aimed at consistent, proper utilization of the SDM tools. The results of Kings County's 2007 SDM review were used as a baseline for this strategy. The County's

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

objectives relating to SDM tools were as follows: 1) To increase completion of the response priority trees to 100% from the 2007 baseline of 96.8% by 10/18/2009; 2) To increase completion of safety assessments to 75% from the 2007 baseline of 70.9% by 10/18/09; 3) To increase completion of family risk assessments from the 2007 baseline of 88.6% to 90% by 10/18/09; 4) To increase the amount of CPS cases opened on families assessed to be "very high" risk from the 2007 baseline of 81.1% to 84% by 10/18/09; and 5) To increase the amount of CPS cases opened on families assessed to be of "high" risk from the 2007 baseline of 55.2% to 58% by 10/18/09.

SDM outcome measures have been assessed via SafeMeasures to monitor progress meeting Strategy 1.1 objectives. The 2008-2011 SIP was implemented on 10/18/08. Between October of 2008 and August of 2009, the County met its 100% completion objective one time, in February of 2009. The County's average performance on completion of hotline tools as required, between October of 2008 and August of 2009, was 98.3%, an increase of 1.5% from the 2007 baseline, 1.7% short of the 2009 SIP goal. SDM policies require safety assessments to be completed on investigations within 2 days following initial contact. Safety assessments are not completed on evaluated out referrals. SafeMeasures data between October of 2008 and June of 2009 reflect an average safety assessment completion rate of 97% on investigations, an increase of 26.1% from the 2007 baseline, meeting the 2009 Strategy 1.1 objective. An average of 97% of risk assessments were completed between October of 2008 and June of 2009, an increase of 8.4% from the 2007 baseline, meeting the 2009 SIP goal. SafeMeasures data between October of 2008 and June of 2009 reflect 39% of cases assessed to be of "very high" risk had a CPS case opened, a significant drop from the 2007 baseline of 81.1%. The same data reflects 16% of cases assessed to be of "high" risk had a CPS case opened, another significant drop from the 2007 baseline of 55.2%. Attention to this objective has not been given a priority until this time.

The ER Program Manager and ER Supervisors met in August and September of 2009, in preparation for this SIP update, to assess timeliness and accuracy of the SDM risk assessments being completed by ER SSWs. It has been discovered staff are not completing them within the required 2 days of initial contact, but upon referral closure. Staff are also failing to attain evidence that information is true in relation to the tools, thus giving inaccurate risk assessment documentation. They are not recognizing the SDM tools as a vital piece of their work, are completing them in a subjective manner, and not understanding the impact they have on outcomes. Therefore, ER staff are being retrained by ER Supervisors on how to complete the tools accurately, what types of information is required to support completion of the risk assessment tool, and when to complete the tools. ER Supervisors scheduled an all-ER staff training on October 1, 2009, and refresher trainings every 3 months. In 2009, the Human Services Agency gave all CPS staff access to SafeMeasures to better manage their work and monitor their own data entry. All CPS staff were trained on SafeMeasures by the Central California Training Academy. ER Supervisors will remind ER staff of their SafeMeasures access and further encourage them to monitor their own SDM performance during their initial and quarterly training. ER Supervisors have been instructed not to close referrals prior to verifying all ER SDM tools have been completed timely and accurately in the future and to monitor outcomes via SafeMeasures on a bi-monthly basis, at minimum. It is anticipated focus on this SIP goal will result in outcome improvement in this practice area prior to the next SIP update in 2010.

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

Milestone		Timeframe	Assigned to
	<p>1.1.1: ER staff will complete the following SDM tools on behalf of all abuse/neglect referrals: Response Priority Decision Trees, Safety Assessments, Family Risk Assessments and Family Strengths and Needs Assessments according to the California SDM Policies and Procedures Manual. ER narratives will be consistent with scores on the SDM Safety Assessment Tool.</p>	<p><u>Baseline</u> 96.8% of response priority trees completed (Baseline in 2004 was 31%).</p> <p>70.9% of safety assessments completed (No baseline in 2004).</p> <p>88.6% of family risk assessments completed per P&P (Baseline in 2004 was 67%).</p> <p><u>Goal Timeframes</u> 100% of response priority trees completed by 10/18/09; 100% of response priority trees completed by 10/18/10; 100% of response priority trees completed by 10/18/11.</p> <p>75% of safety assessments completed by 10/18/09; 85% of safety assessments completed by 10/18/10; 95% of safety assessments completed by 10/18/11.</p> <p>90% of family risk assessments completed per P&P by 10/18/09; 95% of family risk assessments completed per P&P by 10/18/10; 100% of family risk assessments completed per P&P by 10/18/11.</p>	<p>CPS ER Social Services Supervisor CPS ER Social Services Social Workers (includes SSWs acting in after-hours capacity)</p>

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

<p>1.1.2: All referrals scored as "very high" or "high" risk levels as a result of SDM will be referred to the Court unit for an open case pursuant to SDM Operating Manual Guidelines. If discretionary overrides are performed, the resulting risk level score will be used to make a case referral determination.</p>	<p><u>Baseline</u></p> <p>81.1% of "very high" risk families had a CPS case opened.</p> <p>55.2% of "high" risk families had a CPS case opened.</p> <p><u>Goal Timeframes</u></p> <p>84% of "very high" risk families will have a CPS case opened by 10/18/09; 87% of "very high" risk families will have a CPS case opened by 10/18/10; 90% of "very high" risk families will have a CPS case opened by 10/18/11.</p> <p>58% of "high" risk families will have a CPS case opened by 10/18/09; 63% of "high" risk families will have a CPS case opened by 10/18/10; 68% of "high" risk families will have a CPS case opened by 10/18/11.</p>	<p>CPS ER Social Services Supervisor CPS ER Social Services Social Workers (includes SSWs acting in an after-hours capacity, if applicable)</p>
<p>Strategy 1.2: The County will continue supporting Child Abuse Prevention Coordinating Council (CAPCC) and Family Preservation and Support Board (FPSB) events and programs aimed at the alleviation of drug abuse and addiction and Shaken Baby Syndrome. Administration of the CAPCC and FPSB has been assigned to the Human Services Agency. There are members from CPS and Probation on the CAPCC and FPSB who assist with coordination of CAPCC/FPSP services with the County System Improvement Plan. CAPCC funding goals are, in</p>	<p>Strategy Rationale²: Results of both the 2005 and 2008 County Self Assessments have indicated drug abuse/addiction is the primary cause of chronic neglect and other forms of abuse in this area resulting in multiple CPS referrals, investigations and repeated substantiated maltreatment allegations, which negatively impact this outcome measure. In situations wherein families struggle with drugs or alcohol, but the children's safety and welfare are not yet directly affected, CPS must rely upon community and faith-based organizations to support the families, provide services, and help</p>	

² Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

part, based on the County Self Assessment. CPS and Probation will continue to collaborate with the CAPCC and FPSB on how to more effectively service children at risk of child abuse and neglect, as well as delinquency. The CAPCC makes recommendations to the Board of Supervisors regarding services and programs to fund in the community aimed at the prevention, intervention and treatment of child abuse and neglect. It is supportive of CAPCC recommendations which focus on supplementing the County Self Assessment and SIP.

stabilize crises before CPS intervention may be warranted. There have also been deaths associated with physical abuse and Shaken Baby Syndrome; the CAPCC is committed to implementing The Period of Purple Crying curriculum in the County, which is aimed toward educating parents about the dangers of hitting or shaking their babies and children, as well as methods they may use to avoid doing that. The CAPCC supports activities, services, and programs aimed specifically at child abuse and neglect prevention, intervention and treatment, which are tailored for CPS referrals and cases. These programs have been successful with families who have entered the CPS system and those at risk of entering the system. An example is Celebrating Families, listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices, which has been running in Kings County since 2006 with funds provided by the CAPCC and CPS. This program is uniquely designed and effective with families afflicted with substance abuse, domestic violence and child abuse. Another evidence-based program supported by the County and CPS to intervene in CPS cases or those near CPS involvement is the Family Preservation and Support Program (FPSP). The FPSP provides intensive, home-based services tailored to reunify families, increase adoptions, preserve families and prevent children from entering the CPS or Probation systems. The FPSP is effective with families struggling with substance abuse as it provides long term, supportive services that alleviate societal struggles (i.e. food, clothing, furniture, transportation, parenting skills, service and treatment referrals, education, housing).

2009 Strategy 1.2 Update: CPS provided speakers for the Kings Partnership for Prevention (CAPCC sponsored) Me Not Meth Conference, Child Abuse Forensic Trainings for the Lemoore Naval Air Station's Security Department, and a CAPCC sponsored Mandated Reporter Training this past year. CPS also provided a booth at the annual Child Abuse Prevention Event with various prevention resources. The Agency continues to supervise the County Family Preservation and Support Program, providing a valuable resource to at risk children and families. The CAPCC has been successful this past year fully implementing the Period of Purple Crying curriculum at the birthing hospital in town and training discs have been provided to various service providers for inclusion in their curriculums (i.e. Celebrating Families, Family Preservation and Support Program, Lemoore Naval Air Station's Fleet and Family Service Center, Hannah's House, and Foster Care Licensing). CPS has also referred parents to the CAPCC Parent Leadership Project, providing CPS parents with added support during their case intervention.

Kings County's Three Year System Improvement Plan for Child Welfare Services
October 18, 2008 through October 18, 2011

Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

Milestone	1.2.1: CPS will provide speakers for training sponsored by the CAPCC, FPSB, Behavioral Health Administration, First 5, Kings Partnership for Prevention or community-based service providers upon request and if resources allow. Topics addressed may include the effects of drug and alcohol addiction on children, correlation of drug and alcohol addiction with abusive or neglectful behavior, drug and alcohol risk assessment, or how to recognize and report child abuse and neglect.	Timeframe	Training will be provided at least five (5) times per year in the 2008/2011 fiscal year cycle for a total of at least 15 trainings.	Assigned to	Requests will continue to come through management for assignment based on an individual's training, experience, education and interest in the topic.
Milestone	1.2.2: CPS will send staff to the annual Child Abuse Prevention Event to distribute child abuse and neglect educational information to parents, foster parents and children.	Timeframe	Annually during the 2008/2011 SIP cycle for a total of three (3) times.	Assigned to	CPS CAPCC Appointed Member
Milestone	1.2.3: The Human Services Agency/CPS Division will continue to supervise the Family Preservation and Support Program, ensuring staff receive training on drug and alcohol risk assessment and interventions, as well as ensure program integrity and quality.	Timeframe	Annually and ongoing during the 2008/2011 SIP cycle.	Assigned to	Peggy Marvin, Deputy Director
Milestone	1.2.4: CPS will refer children and parents to CAPCC funded or sponsored services as appropriate to their needs (i.e. Celebrating Families, Parent Child Interaction Therapy, FRC parenting classes, Period of Purple Crying).	Timeframe	Annually and ongoing during the 2008/2011 SIP cycle.	Assigned to	Peggy Marvin, Deputy Director

Strategy 1.3: ER staff will make child abuse/neglect referral

Strategy Rationale³: Due to research conducted on substantiated

³ Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

dispositions in accordance with WIC Section 300, Penal Code Section 11165.6 and Penal Code Section 11165.12. The dispositions will be justified via thorough risk assessments and applicable Statutes in writing.

referrals over the past few years, since implementation of AB 636, it has been determined errors in referral dispositions were being made by staff and supervisors. The investigative process and referral disposition determination was not being done in accordance with applicable child abuse and neglect legislation. The process was subjective, without clear direction as to the role of an ER SSW, and unstructured. ER staff and supervisors have been retrained since implementation of the 2005 SIP, but it is an ongoing need. They continue to struggle with subjectivity, going outside their CPS and ER roles, and making referral dispositions that are unsupported by applicable WIC and PC Sections. As our trend outcome data on this measure demonstrates, the County's rate has improved over time from 88% to 98% since California Outcome and Accountability System (COAS) implementation. The County believes this particular strategy is the major contributing factor to the improved rate. The County will focus on long term maintenance of this rate above national standards during the next three years.

2009 Strategy 1.3 Update: ER staff and Supervisors continue to focus on making objective dispositions in accordance with the Welfare and Institutions Code and Penal Code Statutes applying to definitions of child abuse and neglect. ER staff continue to be required to cite the applicable WIC and PC Sections of the Juvenile Court Rules and Laws when determining referral investigation dispositions. The County believes this is the primary reason our No Recurrence of Maltreatment Rate has been within federal performance standard expectations on several recent occasions.

Describe systemic changes needed to further support the improvement goal.

There are no known systemic changes needed. At this point, the County is attempting to maintain an acceptable level of performance with the system structure as it is, anticipating consistent practice and training are the primary issues.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- 1) ER staff require consistent, ongoing training relating to their investigative role, the WIC and PC Sections that define child abuse and neglect, and disposition determination to ensure the proper disposition is given on referrals and entered into CWS/CMS accurately. Newly assigned ER staff require initial SDM training and ongoing ER staff require refresher training to ensure they understand which SDM tools to use and when to further objectify their risk assessments and decisions.
- 2) All CPS staff require training on available CAPCC and FPSP services and programs available in the community to refer children

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

and parents to.

Identify roles of the other partners in achieving the improvement goals.

- 1) The Child Abuse Prevention Coordinating Council (CAPCC) is a vital partner to achieving the County's goals of child abuse prevention, intervention and treatment. The CAPCC's role is as an advisory body to the County Board of Supervisors regarding how to spend available funding on child abuse prevention, treatment and intervention efforts. The CAPCC is also responsible for overseeing the quality of services provided with funding and coordinating the County's response to child abuse. By funding services and programs that directly benefit children and families in the CPS system or at risk of CPS involvement, the CAPCC can greatly assist the County with these goals.**
- 2) The California Central Training Academy is a major partner with regard to provision of specialized training to CPS staff in relation to techniques or programs that may help achieve these goals. They are the primary resource for SDM initial and ongoing training, CWS/CMS, evidence-based practice, program evaluation, and field research.**
- 3) The Family Preservation and Support Board (FPSB) is committed to continued dedication of funding toward the Family Preservation and Support Program (FPSP), which provides intensive, home-based services. In relation to these goals, the FPSP's role is to provide support and services to families that may come to the attention of CPS and be of concern, but the circumstances do not yet necessitate Juvenile Court intervention. The program's goal is to avoid CPS intervention and out of home placement in these cases.**

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

There are no known regulatory or statutory changes needed.

Kings County's Three Year System Improvement Plan for Child Welfare Services
October 18, 2008 through October 18, 2011
Goal #2: Reduction in the Reentry following Reunification Rate for CPS

Outcome/Systemic Factor: Reentry following Reunification	
County's Current Performance (July 2008 Report): 14.1%	
<u>Expectations for Meeting Federal Measure</u> National Standard = 9.9%	
Improvement Goal 1.0: The rate of reentry following reunification will decrease by at least 2% annually during the SIP period. The rate will fall from 14.1% to 12.1% by October 18, 2009, from 12.1% to 10.1% by October 18, 2010 and from 10.1% to 8.1% by October 18, 2011.	
Strategy 1. 1: The use of Structured Decision-Making (SDM) tools in the Family Reunification Units of CPS will be consistent and in congruence with SDM Policies and Procedures.	<p>Strategy Rationale¹: All FR cases experiencing reentry following reunification for a two (2) year period of time were qualitatively examined by management when the first SIP annual update was due. Results indicated the rate of reentry following reunification was attributed, in part, by Family Reunification units returning children to their homes of origin too early, before parents had completed adequate treatment services and stabilized in the community. A majority of the cases had substance abuse as the primary contributing factor, which requires more treatment and stabilization time. The review indicated this was not happening in these cases.</p> <p>CPS began implementing SDM in September of 2004; web-SDM was implemented in January of 2006. Kings County has had two (2) quality assurance and technical assistance reviews by the Children's Research Center (CRC). Results of both reviews indicated staff needed to be more consistent completing the SDM instruments and to use the correct instruments at the applicable time periods during referral/case courses. The most recent review was completed in January of 2007. Utilization of SDM tools assists in standardizing decision-making among staff and more thorough reunification safety assessments. All Managers, Supervisors and Social Workers were trained on the SDM Updated Manual and tools</p>

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #2: Reduction in the Reentry following Reunification Rate for CPS

again in August of 2007. It is anticipated that continued emphasis on proper utilization of the tools and consistent incorporation of SDM tools in FR practice will assist in decreasing the amount of children experiencing reentry following reunification. Since all staff have been properly trained and Agency expectations are that the tools be completed on every case when considering to reunify a family, FR staff will need to ensure it's done consistently.

2009 Strategy 1.1 Update:

Since publication of the July 2008 Quarterly Report, Kings County's Reentry Following Reunification Rate met the federal standard of 9.9% or less 1 out of 4 times. In October of 2008 it was 15.3%, in January of 2009 it was at 13.4%, in April of 2009 it was at 14.1%, and July of 2009 it was at 9.4%. The 2008-2011 SIP Strategy 1.1 was aimed at consistent, proper utilization of the SDM tools during Family Reunification Services to assist with objective decision-making.

SDM data was reviewed via SafeMeasures to assess progress with this objective. The County completed an average of 54% FSNA's timely as required by SDM Policies & Procedures between October of 2008 and June of 2009. According to SafeMeasures data, the County completed an average of 61% Reunification Reassessments timely as required by SDM Policies & Procedures between October of 2008 and June of 2009. Performance in this practice area is well below the SIP objective. Management has met with the Family Reunification Supervisor to discuss compliance with this SIP objective. Although the Supervisor was focused on ensuring the tools were completed, the required timeframe of tool completion 65 days prior to the Case Plan becoming effective, was overlooked. The FR Supervisor is devising a quality assurance spreadsheet tool to closely monitor timely completion of the Reunification Reassessment and FSNA tools. It is anticipated County compliance will be significantly improved by the 2010 Annual SIP Update.

Milestone	1.1.1: FR staff will complete the following SDM tools on behalf of all children in out of home care: Reunification Reassessment and Family Strengths and Needs Assessment (FSNA) according to the California SDM Policies and Procedures Manual.	Timeframe	FR staff will complete the required tools 100% of the time annually.	Assigned to	CPS FR Social Services Workers CPS FR Social Services Supervisors CPS FR Social Services Program Manager
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Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #2: Reduction in the Reentry following Reunification Rate for CPS

Strategy 1. 2: FR supervisors & social workers will receive guidance and training on reunification risk assessment, permanency and substance abuse treatment.

Strategy Rationale: Due to research conducted on the reentry cases, it is vital FR staff and supervisors receive ongoing training on how to conduct proper reunification risk assessments, when it's appropriate to approve overnight or extended visits, how to identify when a parent has received adequate substance abuse treatment and is stable to have children in the home, and what types of services substance abuse families require for transitioning to FM. FR staff need to understand how to make objective decisions regarding reunification of families versus permanency for children. They also need more intense training on effective case planning and service provision to ensure parents are receiving the correct treatment and making substantial progress prior to returning children home.

2009 Strategy 1.2 Update: Since implementation of the 2008-2011 SIP, management conducted a second data analysis of reentry cases and retrained current FR staff on making proper reunification risk assessments, when it is appropriate to transition children home, including visitation increases, how to identify when a parent has received adequate substance abuse treatment for a reunification recommendation, and the types of services necessary for parents to be stable enough for transition of the children into their physical care. Management requires parents to be making significant progress in and to be in compliance with all Case Plan Components prior to transitioning children into their physical care. FR staff are also required to discuss cases with their Supervisor prior to approving increased visitation with parents, as well as a trial visit. If there is at least one (1) Case Plan component not being attended, complied with, or shown to have significant progress with, the case is required to be discussed with management for management approval. For the first time since implementation of AB 636, the County has met the federal standard. It is hoped this outcome can be consistently maintained over the next year.

Milestone	1.2.1: All FR staff and supervisors will receive training on reunification risk assessment, permanency and substance abuse treatment at least once per year.	Timeframe	<u>Goal Timeframes</u> All FR staff and supervisors will receive the training at least once per year for a total of 8 hours; goal completion to be measured by 10/18/09, 10/18/10 and 10/18/11.	Assigned to	CPS FR Social Services Workers CPS FR Social Services Supervisors CPS FR Program Manager
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Strategy 1. 3: All Family Reunification and Family Maintenance cases will be scheduled for Multidisciplinary Team Meetings

Strategy Rationale: MDT Case conferencing is a collaborative effort that involves participatory planning, which maximizes the

Kings County's Three Year System Improvement Plan for Child Welfare Services
October 18, 2008 through October 18, 2011
Goal #2: Reduction in the Reentry following Reunification Rate for CPS

(MDT) at least every 6 months.

diverse perspectives and expertise brought to the table. Through the formation of a collective, the knowledge, experience, and skills of its individual members are combined and strengthened to become greater than the sum of the individual parts. It's premise is that each individual involved in the process brings valuable insight and resources to enhance provision of services. MDT Case conferencing embodies the concept of collective decision making in an effort to contribute to decreased liability, an increase in shared responsibility for outcomes, and consistent, open lines of communication among team members. Professionals involved in the case conferencing process respect one another's strengths and skills in their specialty area(s). Team members engage in active participation in the case conference, share information and resources, and take a process approach to problem solving. Families are a necessary participant in this process as it is believed they are most knowledgeable about issues of concern and ways to resolve those. The team is responsible for empowering the family to develop solutions that will help stabilize the unit for the welfare of their children. Although this strategy was included in the last SIP, it is being included again because it is believed the MDT case conferencing is assisting with regard to this outcome measure, but the Agency needs to reorient and reengage team members in the process. Service provider attendance has been decreasing and unstable. In addition, the MDT panel requires a refresher to remind them of the meeting purpose so that they can better engage families that are participating.

2009 Strategy 1.3 Update: 100% of FR and FM cases have been scheduled for MDT case conferencing every 6 months. MDT case conferencing continues to be successful at engaging parents, services providers, and staff in case planning. It has been a positive, advantageous process for families in that it continues to bring in various service providers and treatment experts to brainstorm how to best serve families in accordance with needs they identify. Service provider attendance has picked back up after reminders, re-engagement, and reorientation with members of the MDT has been done by the Deputy Director.

Kings County's Three Year System Improvement Plan for Child Welfare Services
October 18, 2008 through October 18, 2011
Goal #2: Reduction in the Reentry following Reunification Rate for CPS

Milestone	<p>1.3.1: CPS will schedule all FR and FM cases for MDT meetings every 6 months, which will include the presence and participation of various service providers and community-based partners, as well as the family, if members are available and willing to attend. The focus of these meetings is to ensure families are receiving services needed to maintain a safe, healthy environment for children.</p>	<p><u>Goal Timeframe</u></p> <p>CPS will maintain 100% review of services provided to all FR and FM cases throughout the 3-Year SIP timeframe.</p> <p>The Agency will conduct a MDT training to reengage its partners and review roles and responsibilities of the panel by January 1, 2009.</p>	<p><u>Assigned to</u></p> <p>CPS Social Services Workers, Supervisors and Managers Partners/Service Providers Children and Families</p>
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Describe systemic changes needed to further support the improvement goal.

There are no known systemic changes needed. SDM is in place. Training mechanisms are in place or accessible. MDT is operational and resources are available to provide the MDT orientation.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- 1) Newly hired FR staff must receive initial SDM training and permanent staff will receive refresher SDM training on risk assessment, SDM tools and proper use of the curriculum.**
- 2) FR staff and supervisors require training on reunification risk assessment, permanency and substance abuse treatment to better understand when reunification is safe for the children. Training will be done by the FR Program Manager, County Counsel, CPS Training Supervisor and Central California Training Academy as needed.**
- 3) The MDT panel requires an orientation to address commitment to the process, purpose of the process, roles of the panel members and engagement of families.**

Identify roles of the other partners in achieving the improvement goals.

CPS MDT meetings include several partners including, but not limited to the Probation Department, Kings View Counseling Services, Kings Community Action Organization, Kings County Health Department, First 5 Children and Families Commission and representation from local school districts. Their primary role is one of comprehensive assessment and service provision/referral. The MDT will depend on a holistic perspective that takes into consideration the unique needs of the children and family and any available community-based resources that can assist them. Agency partners will educate CPS staff about the services available from their respective programs so that CPS staff and/or the family can access them. Children (if they are mature enough for the process)

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #2: Reduction in the Reentry following Reunification Rate for CPS

and parents are invited to participate in this process so that they may actively engage in this partnership. The presence of the family in question is instrumental since they know what their presenting concerns are better than anyone and have insight into how to resolve them. Community partners and families are instrumental components in this process; therefore, their regular, consistent participation over the years is vital.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

There are no known regulatory or statutory changes needed.

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #3: Placement Stability and Maintenance - Probation

Outcome/Systemic Factor: Placement Stability (8 Days to 12 Months)

County's Current Performance: 78.9%

Expectations for Meeting Outcome Measure

National Standard = 86%

Improvement Goal 1.0: The County will increase its placement stability rate by at least 3% annually during the SIP period. The rate will increase from 78.9% to 82% by October 18, 2009, from 82% to 85% by October 18, 2010, and from 85% to 88% by October 18, 2011.

Strategy 1. 1: The Probation Department will work closely with CPS as a partner to assist in decreasing multiple foster care placements and entries into the delinquency system.

Strategy Rationale¹: The Probation Department and CPS often serve common children and families because effects of child abuse and neglect, substance abuse, domestic violence, and life stressors can lead to involvement with both systems. Results of the PQCR in October of 2007 indicated Probation could implement some practices that would assist in providing more effective services to youth in out of home placement. One of those strategies was to continue building and maintaining its positive relationship with CPS, for resources to be shared, joint training to be conducted, and policies and procedures to be strengthened.

2009 Strategy 1.1 Update: The county's 241.1 MOU has been updated and is pending final approval by the Probation Department Chief and Human Services Agency Director. The Probation Department has sent its Placement Probation Officer, Supervisor, Manager, and Deputy Chief to 2 CWS/CMS trainings this fiscal year in preparation to pilot a Title IV-E case on CWS/CMS. An MOU for CWS/CMS data entry for any Probation generated referrals or Title IV-E cases has been in effect for 3 years, but the Probation Department has only accessed its CWS/CMS terminal to search for child welfare history for its Detention Hearing Reports (the system has blocks in place so that only certain information can be accessed) historically. This year, it decided to initiate piloting a CWS/CMS case so it took advantage of Title IV-E funded training via the Central California Training Academy. It is hoped the Kings County Probation Department will be prepared to fully utilize CWS/CMS-Web when it is implemented, thus improving services to its wards. The Probation Department has also requested training from CPS on ICWA Notices, Title IV-E, and AB490 JV Forms and Procedures, which was provided this past year. It is making every active effort to bring its placement protocols in line with current Title IV-E expectations. One Probation case was chosen for the federal Title IV-E audit conducted in 2009; although it was an ICWA case that was determined to be non-fed and ineligible for the audit, CPS reviewed the case with the federal audit tool and found it to be 100% in compliance had it been determined a federally eligible case. This fact evidences how much progress the Department has made recently evidencing commitment to comply with Title IV-E requirements.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #3: Placement Stability and Maintenance - Probation

Milestone	1.1.1: Probation will work with CPS to update the current 241.1 MOU so that comprehensive file information can be shared and collaborative discussion and decision making is done to make a recommendation that is in the best interests of society and the child, while enhancing services for the child in placement.	Timeframe	The updated MOU will be completed, signed and implemented by July 1, 2009.	Assigned to	Steve Brum, Chief Probation Officer Peggy Montgomery, Director of the Human Services Agency
Milestone	1.1.2: Probation and CPS will participate in and offer training to one another on topics that will assist in placement stability and enhanced services to children in out of home placement. Any training conducted will be reported each year in the SIP updates.	Timeframe	Annually.	Assigned to	Tina Garcia, M.S.W., Program Manager Social Services Maria Servin, Deputy Program Manager Probation
Strategy 1. 2: Probation will utilize the CHDP Public Health Nurse assigned to the department to more closely monitor and coordinate health services for youth in out of home placement			Strategy Rationale ² : The Probation Department has historically been allocated weekly hours to utilize the CHDP Public Health Nurse assigned to work with children in out of home placement by the Health Dept.; however the PHN has worked exclusively with CPS. PQCR results indicated more consistent monitoring and coordination of the health needs of wards in placement is needed. Staff reported utilization of the PHN would greatly assist in meeting that need.		
2009 Strategy 1.2 Update: Due to budgetary challenges and a significant decrease in foster care medical services provided to Health Departments for the CHDP PHNs, the Probation Department has not been able to proceed with accessing the CHDP PHN assigned to CPS. In fact, CPS lost several hours due to the budget cuts. When funding is restored that is equivalent to a 1.0 FTE in this County, the Probation Department can proceed with this strategy.					

² Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #3: Placement Stability and Maintenance - Probation

Milestone	1.2.1: Probation will meet with the Health Dept. to determine hours of PHN time needed and duties required to meet this goal and request assignment of those hours to the department.	Timeframe	An agreement between departments will be reached by January 1, 2009.	Assigned to	Steve Brum, Chief Probation Officer
Milestone	1.2.1: Probation will ensure the PHN is fulfilling the required hours of work time and required duties in the department.	Timeframe	The PHN will be spending the required amount of time in the department conducting the required duties for wards in out of home placement on an annual basis. Maintenance of this strategy is needed after implementation; therefore, status will be reported in the annual SIP updates.	Assigned to	Steve Brum, Chief Probation Officer
<p>Describe systemic changes needed to further support the improvement goal.</p> <p>The Probation Department may need to accommodate the PHN in its offices during the hours she is assigned to Probation, which would need to be approved. If approval for space at the Probation Department poses a barrier, the PHN can work from her assigned station currently in the CPS offices. Associated Probation staff will need to work very closely with the PHN to ensure health services are provided and the Health and Education Passports are updated as required.</p>					
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <p>Probation and CPS have already attended joint training, conducted joint presentations and have provided some cross training. Training that can assist in meeting this goal include the following: HEPs, health and educational needs of children in placement, coordination of services to stabilize and maintain placements, ICWA and services for Native Americans, utilizing CWS/CMS, and effects of placement moves on foster children.</p>					
<p>Identify roles of the other partners in achieving the improvement goals.</p> <p>CPS is a vital partner in relation to the 241.1 MOU, sharing of resources, partnering to enhance services, coordinating health and educational information between systems, and training. The Health Department is a vital partner in relation to providing PHN hours to services wards in out of home placement.</p>					
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. N/A</p>					

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #4: Reduction in the Placement Stability Rate for CPS

Outcome/Systemic Factor: Placement Stability (8 Days to 12 Months)

County's Current Performance: 78.9%

Expectations for Meeting Outcome Measure

National Standard = 86%

Improvement Goal 1.0: The County will increase its placement stability rate by at least 3% annually during the SIP period. The rate will increase from 78.9% to 82% by October 18, 2009, from 82% to 85% by October 18, 2010, and from 85% to 88% by October 18, 2011.

Strategy 1. 1: CPS will support and partner with FFAs to enhance placement quality and commitment to children.

Strategy Rationale¹: Kings County conducted a Peer Quality Case Review (PQCR) in October of 2007, which primarily focused on the placement stability rate for CPS. In addition to staff interviews, a focus group and youth surveys, management conducted a qualitative review on all children in CWS/CMS that had more than three (3) or more placements between January 1, 2006 and December 31, 2006. Management sought to understand why the placements were changed. Results indicated 19% of the placements ended due to children being placed with relatives, 19% of placements ended due to behavior of the children and 17% of the placements ended due to administrative decisions. There were other reasons placements failed, but these were the most prevalent. 50% of all placements ending were in FFAs. 24% of all placements ending were in relative homes. The FFA rate is significant and must be reduced. Ending those placements to place with relatives is not a concern of the County. However, moving children because of their behavior and due to administrative decisions are concerns. It is realistic that the County can make efforts to support FFAs through training FFA staff to comply with CPS and facility requirements, work well with County staff and help address children's behaviors in an effort to maintain placements longer. The County has also been considering implementation of a wraparound/multidimensional therapeutic foster care model with Behavioral Health Administration via a local FFA.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #4: Reduction in the Placement Stability Rate for CPS

2009 Strategy 1.1 Update: Karing 4 Kids FFA is the primary FFA the County places children with. Karing 4 Kids has requested CPS staff to train their foster parents on the following topics, which were done:

The Kings County Behavioral Health Administration has successfully implemented a wraparound/therapeutic foster care model in collaboration with the Karing 4 Kids FFA, CPS, and Kings View Counseling Services. The Board of Supervisors approved a contract for social work, crisis intervention, and placement stability services through a wraparound model led by the BHA on

2009 Strategy 1.1 Update: Since release of the July 2008 Quarterly Report, the County has not met the federal standard of 86% or higher; however, the County has shown progress, increasing its baseline 2008-2011 SIP performance of 78.9% to 84.4% the last reporting period. The Behavioral Health Administration has implemented the county's first wraparound program. It entered into a County Contract with the Karing 4 Kids FFA in 2009, formed the wraparound assessment and orientation team, and has accepted 4 children into the program. Kings View Counseling Services provides therapeutic intervention, case management, and Therapeutic Behavioral Services, Karing 4 Kids has a Social Worker on call 24 hours a day for crisis intervention, and the BHA has case managers in place to further support identified wraparound homes. FFA wraparound homes are provided a \$500 monthly stipend per child, limiting placements in the home to that specific wraparound child. Funding is provided through the Mental Health Services Act. Training has begun to be arranged. Dr. Cipani is providing foster parents an upcoming training on behavior modification and management to further aid their ability to care for and supervise children in the wraparound program. Kings View Counseling Services and Karing 4 Kids are collaborating on arranging additional training. CPS staff have provided training to all Karing 4 Kids FFA careproviders on the following topics: Court Procedures, Expectations for Foster Parents, and Mandated Reporter Training.

Milestone	1.1.1: CPS staff will provide training to FFA staff and certified foster parents if resources allow and upon request of a FFA. Topics chosen will focus on placement stability, tolerance, respect for culture/diversity, effects of foster care drift on children and behavior modification.	Timeframe	CPS will provide at least 10 hours of training for a FFA annually; goal to be completed and reviewed by 10/18/09, 10/18/10 and 10/18/11.	Assigned to	Tina Garcia, M.S.W., Program Manager, Social Services
Milestone	1.1.2: CPS will partner with Behavioral Health Administration to explore whether a model of wraparound/multidimensional therapeutic foster care can be implemented with a FFA.	Timeframe	CPS will meet with Behavioral Health Administration by January 1, 2009. If a decision is made to develop and implement a plan, new goals and timeframes will be included in the annual SIP update.	Assigned to	Peggy Marvin, Deputy Director
Strategy 1. 2: When a notice to move is placed on any child in a Strategy Rationale²: See strategy rationale for 1.1.					

² Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #4: Reduction in the Placement Stability Rate for CPS

FFA certified home, the CPS SSW shall immediately meet with the assigned FFA Social Worker, foster parents and children (if age and maturity permits participation) to determine a plan for placement maintenance. Active efforts shall be made to preserve the placement.

2009 Strategy 1.2 Update: CPS Supervisors and SSWs were instructed not to move children from FFA placements when 7 day notices are given unless the assigned CPS SSW, FFA SSW, and foster parent meet and make active efforts to salvage the placement first. Staff have been given written and verbal reminders about this expectation. Staff document all meetings, efforts, and resources/supports provided to maintain placements in the CWS/CMS contact notebook. However, a CPS Supervisor has been assigned to develop formal policies and procedures, as well as a form for CPS staff to document the efforts and resources provided to assist the child and foster parent. It is anticipated a formal P&P and form will be completed by the next SIP update.

If the child is in the wraparound program, the same procedures apply, but a Behavioral Health Administration case manager and Kings View clinical providers are involved in the case discussion in addition to the FFA SSW, CPS SSW, and foster parent.

Milestone	1.2.1: CPS will develop and implement a new policy and procedure process for staff that requires documentation of the meeting, a placement maintenance plan and resources that will be in place to support the placement.	Timeframe	CPS will develop and implement the new policy and procedure process by January 1, 2009.	Assigned to	Peggy Marvin, Deputy Director
Milestone	1.2.1: CPS management will partner with FFA management to ensure the meetings will occur prior to any placement moves being conducted.	Timeframe	CPS will notify FFAs in writing of the placement move policy and procedure by January 1, 2009.	Assigned to	Peggy Marvin, Deputy Director
Strategy 1. 3: Children will be placed with relatives and non-related extended family members instead of other homes, if possible.			Strategy Rationale ³ : Placement with relatives and non related extended family members is in the best interests of children and are more stable environments. Kings County conducts emergency placements and has implemented flexible placement strategies in an effort to have higher relative placement rates. It will need to be consistent.		

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #4: Reduction in the Placement Stability Rate for CPS

2009 Strategy 1.3 Update: Tighter AB 1695 regulations, criminal background clearance requirements required by the Adam Walsh Act, and additional limits placed upon the counties relating to issuance of criminal background exemptions has impacted relative and NREFM placements on an emergency basis and ongoing. Kings County has historically been in the top 10 counties with the highest first entry and PIT placement rates. Although there was a sharp decline in both rates when the 2008-2011 SIP was implemented, the County continued to be in the top 10 counties with the highest entry and PIT placement rates with relatives. Since publication of the July 2008 Quarterly Report, the County has continued to emphasize the importance of emergency placement with relatives to staff with written and verbal reminders, including written reprimands when staff neglect to conduct emergency placement assessments if relatives come forward immediately and without good cause to delay the process. Overtime is approved for after hours staff to conduct emergency placement assessments. Court staff are directed to complete assessments on eligible relatives prior to Disposition. AB 1695 training was provided to all staff on May 21, 2008, and May 28, 2008, to remind them of policies and procedures, Agency expectations, and emphasize the importance of placing with relatives.

Milestone	1.3.1: CPS will continue to conduct emergency placement assessments and ongoing placement assessments within 30 days of the request in an effort to place children with relatives at a higher rate than other forms of placement.	Timeframe	50% of all children in out of home placement will be with relatives or non related extended family members annually.	Assigned to	Peggy Marvin, Deputy Director
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Describe systemic changes needed to further support the improvement goal.

The Agency will need to develop a written document outlining the policies and procedures to be followed when notice to move children in FFA placements is given. A form will need to be developed for staff to document details of the meeting and a placement maintenance plan.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

CPS would appreciate any technical assistance (handouts, curriculum) the State could provide free of charge on the effects of placement changes on foster children, how to manage aggressive behavior, diversity/culture, tolerance, permanency and techniques to stabilize placements.

Identify roles of the other partners in achieving the improvement goals.

The FFAs are the most vital partner needed to achieve this goal. They must cooperate with the new placement move procedures and be willing to either get quality training for their staff and foster parents and/or supplement their training with CPS staff in an effort to decrease the frequency of placement moves.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. N/A